

**Orland High School Athletics
Health History - Health Coverage - Physical Examination**

Student: _____ Student ID# _____ Grade Entering: _____ Age: _____ Gender: M F
 Last Name First Name

HEALTH RELATED HISTORY:

1. History of head injuries? Yes No
2. History of convulsions, fainting spells, etc?
Yes No
3. History of broken bone, fractures, or operations?
Yes No
4. Does the student have dental appliances?
Yes No
5. History allergies to drugs, pollen or food?
Yes No
6. History of rheumatic fever, heart disease, or heart murmur?
Yes No
7. History of ruptured eardrum?
Yes No
8. History of Hernia Yes No
9. List any medications student is currently taking: _____

10. Do you know of any reason why this student should NOT participate in a full athletic program?
Yes No
11. List any known allergies here: _____

Please provide your health insurance coverage information below. Orland USD provides student accident insurance, however, it does not replace a traditional health plan. Information for the district provided plan can be found at orlandusd.net under "forms."

HEALTH CARE COVERAGE PLAN:

Name of carrier: _____

ID/Group #: _____

I certify that I hold the above insurance and hereby give my son/daughter permission to participate in the after-school athletic programs offered by OUSD. I will notify the school if my policy is terminated immediately.

Policyholder's signature: _____

 Date Student Signature Date Parent Signature

Physician's Examination

Height: _____ Weight: _____ Blood Pressure: _____ Heart: _____ Hernia: _____

Teeth: _____ Lungs: _____ Extremities: _____

From this examination it is my opinion that this student **CAN / CANNOT** participate in competitive sports.

Date

Print Name

Signature of Physician

Athletes may randomly be tested for controlled substances throughout the school year.

Emergency Contact Information: The following people can be contacted in case of Emergency, and the following people may sign for and transport my son/daughter from athletic events after released by teams coach:

Name

Number

Name

Number

Name

Number

Name

Number